CPA 1.603

PATENT APPLICATION EE DETERMINATION RECORD (Effective November 10, 1998)

		CLA	IMS A	S FILED		CALALL	SNITITY		^T1.				
			(Column 1)			(Column 2)			TYPE	ENTITY	OR	OTHER THAN OR SMALL ENTIT	
FOR			NUMBI	ER FILED		NUMBER	EXTRA		RATE	FEE	7	RATE	FEE
BA	ASIC FEE									380.00	OR		
TC	OTAL CLAIMS		2	minus	20=	* 10			X\$ 9=		OR	X\$18=	108.00
IN	DEPENDENT C	LAIMS	6) minus	3 =	*			X39=		OR	X78=	100ia
MULTIPLE DEPENDENT CLAIM PRESENT									100	 			
* If the difference in column 1 is less than zero, enter "0" in column 2									+130=	 	OR	+260=	
									TOTAL		OR	TOTAL	<u> </u>
	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMALL	ENTITY	OR	OTHER SMALL	
d			AIMS AINING			HIGHEST		ſ		ADDI-	1 /		ADDI-
AMENDMENT A		AF	AINING TER IDMENT		PR	NUMBER EVIOUSLY PAID FOR	PRESENT EXTRA		RATE	TIONAL		RATE	TIONAL FEE
NDM	Total	*		Minus	**		=		X\$ 9=	<u> </u>	OR	X\$18=	
AME	Independent	*		Minus **			=		X39=		OR	X78=	
	FIRST PRESE	N OF MU	JLTIPLE DEI		1	+130=		OR	+260=				
								, -	TOTAL DDIT. FEE		OR ,	TOTAL ADDIT. FEE	
		(Colu	umn 1)		(Cı	olumn 2)	(Column 3)	. ^	DDM. FEE		,	ADDII. PEE	
AMENDMENT B		CL/ REM/ AF	AIMS AINING TER IDMENT		H N PRI	HIGHEST NUMBER EVIOUSLY AID FOR	PRESENT EXTRA	ſ	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON NO	Total	*		Minus .	##		=		X\$ 9=	i	OR	X\$18=	
AME	Independent	*		Minus	***		=	İ	X39=		OR	X78=	
	FIRST PRESE	NIAHO	N OF MU	JLTIPLE DEF	PENDE	ENT CLAIM			+130=		OR	+260=	
								 ^_	TOTAL ODIT. FEE		OR A	TOTAL ODIT. FEE	
			ımn 1)		(Cc	olumn 2)	(Column 3)	~.	JUII. FEE			IDDII. FEE	
MENT C		REMA AF	AIMS AINING TER DMENT		PRE	IGHEST IUMBER EVIOUSLY AID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMEN	Total	*		Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*		Minus	***		=	-	X39=		OR	X78=	
	FIRST PRESE	NTATIO	N OF MU	JLTIPLE DEP	ENDE	ENT CLAIM		⊢			Un F		
* H	f the entry in colur	nn 1 is le	ss than th	e entry in colu	mn 2. w	wite "0" in col	umo 3	L	+130=		OR	+260=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													

Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective November 10, 1998

*U.S. Government Printing Office: 1999 - 459-072/19142

CLAIMS AS FILED - PART I									SMALL	LL ENTITY		OTHER THAN	
		•	(Column 1)			(Column 2)			TYPE		`OR	SMALL	
FOR			UMBE	R FILED		NUMBER E	EXTRA		RATE	FEE		RATE	FEE
ВА	SIC FEE					, , v				380.00	OR		760.00
то	TAL CLAIMS		<u> </u>	minus 2	20= 1				X\$ 9=		OR	X\$18=	108
INDEPENDENT CLAIMS '2 minus 3 = *								X39=		OR	X78=		
MULTIPLE DEPENDENT CLAIM PRESENT									+130=		OR	+260=	
* If the difference in column 1 is less than zero, enter "0" in column 2									TOTAL		OR	TOTAL	808
	CLAIMS AS AMENDED - PART II									_*		OTHER	THAN
(Column 1) (Column 2) (Column 3)									SMALL	ENTITY	OR	SMALL	ENTITY
ENT A		CLAII REMAII AFTE AMEND	NING_ ER_		PR	HIGHEST HUMBER EVIOUSLY PAID FOR	PRESENT - EXTRA		_RATE	ADDI- TIONAL FEE	le.	RATE	ADDI TIONAL FEE
AMENDMENT	Total	. 2	6	Minus	**	<u></u> کو	= 6	- . -	X\$ 9=		OR	X\$18=	108.00
AME	Independent :	*	2_ OE MI	Minus	###	ENT CLAIM	=		X39=		OR	X78=	
	·	MAHON	·	DETIFIED DE	LIND	LIVI OLAIM		'	+130=		OR	+260=	,
											OR	TOTAL	X2(v1)
										L		ADDIT. FEE	
\vdash	1000 THE PARTY OF	CLAI	nn 1) MS	2000		olumn 2) HGHEST	(Column 3)	lr				-	
ENT B		REMAI AFTI AMEND	NING ER		PR	NUMBER EVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	• 0	<u>a</u>	Minus	** <	2G	=		X\$ 9=		OR	X\$18=	
AME	Independent FIRST PRESE	* '	OF MI	Minus	PEND	ENT Y AIM	=		X39=		OR	X78=	
			01 1010	JEIII EE DEI	LIND	LIVI ODANI		\	+130=		OR	+260=	
								A	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Colun	nn 1)		(C	olumn 2)	(Column 3)						
AMENDMENT C		CLAII REMAII AFTI AMENDI	NING ER		PR	HIGHEST NUMBER EVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Š	Total	· 00	<u>人</u>	Minus	**	<u>ao</u>	=2		X\$ 9=		OR	X\$18=	
AME	Independent	. 9	<u> </u>	Minus	***	3			X39=			X78=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							-			OR	7.70-	·
	f the entry in colur	nn 1 is les	s than th	e entry in colu	ımn 2	write "0" in col	lumn 3	L	+130=		OR	+260=	
3 2	If the "Highest Nur If the "Highest Nu	mber Previ mber Previ	ously Pa	aid For" IN THI aid For" IN TH	IS SPA IS SPA	CE is less that CE is less that	n 20, enter "20." n 3, enter "3."		TOTAL DDIT. FEE			TOTAL ADDIT. FEE	
	The "Highest Num	iper Previo	usiv Pai	or⊨or" (Totalio	r Inder	sendent) is the	nianest numbe	or foul	nd in the ani	ropriate bos	r in col	umn 1	